



**CITY OF CALEXICO**  
608 HEBER AVE. . CALEXICO, CA. 92231  
ATTN: BUSINESS LICENSE DEPARTMENT  
(760)768-2120 FAX (760)768-2125  
**BUSINESS LICENSE APPLICATION**  
[www.calexico.ca.gov](http://www.calexico.ca.gov)

<b>Business Name</b> _____  <b>Business Location</b> _____ <b>(P.O. Box not accepted)</b>  <b>Bus. Phone ( )</b> _____ <b>Bus. Fax ( )</b> _____  <b>Mailing Address</b> _____ <b>(if Different from above, P. O. not accepted)</b> _____  <b>Description of Business</b> _____  <b>Landlord Names</b> _____		<b>OFFICIAL USE ONLY</b>	
		<b>BUSINESS LICENSE #</b> _____	
		<b>SIC / NAIC</b> _____	
		<b>LICENSE FEE \$</b> _____	
<b>DATE PAID</b> _____ <input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CHECK</b>		<b>BUSINESS START DATE</b> _____	
<b>Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		<b>Business Type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Apartments	
<b>MUST HAVE A Resale No. BOE:</b> _____		<b>MUST HAVE A Federal ID No.</b> _____	
<b>MUST HAVE A State ID No.</b> _____			
<b>Enter below names of Owners, Partners, or Corporate Officers- Use additional sheets as necessary</b>			
<b>Owner Name</b> _____		<b>Title</b> _____	
<b>Home Address</b> _____		<b>Phone ( )</b> _____	
<b>Driver's License No.</b> _____		<b>Web-site</b> _____	
<b>Social Security #</b> _____		<b>E-Mail No.</b> _____	
<b>Contact Person:</b>			
<b>Name</b> _____		<b>Title</b> _____	
<b>Alarm Company (if applicable)</b>		<b>Phone( )</b> _____	
<b>Name</b> _____		<b>Title</b> _____	
<b>Phone( )</b> _____			
<b>PLEASE COMPLETE THE FOLLOWING:</b>			
<b>APARTMENTS</b> <input type="checkbox"/>		<b>NOTE:</b> Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by calling to the nearest State Board of Equalization at 1-800-400-7115.	
<b>NO. OF UNITS</b> <input type="checkbox"/>			
<b>VEHICLE LICENSE # (S)</b> _____		<b>PLEASE CALL (760) 768-2132 WITH ESTIMATE OF GROSS RECEIPTS FOR BUSINESS LICENSE FEE DUE.</b>	
		<b>One Year Estimated Gross Receipts/Cost of Doing Business</b> \$ _____	
		<b>BID FEES ZONE 1 &amp; ZONE 2</b> <b>100.00</b>	
		<b>Business License Fee Due</b> \$ _____	
		<b>Regulation Fee \$20.00</b> <b>20.00</b>	
		<b>FIRE INSPECTION FEE</b> <b>167.00</b>	
		<b>TOTAL AMOUNT DUE</b> \$ _____	
<b>Thank you for doing business in the City of Calexico!</b>			
I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.			
<b>Date:</b> _____		<b>Signature of Owner or Representative:</b> _____	
<b>RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF CALEXICO</b>			
<b>License Reviewed &amp; Cleared By:</b>		<b>OFFICIAL USE ONLY</b>	
<b>Finance Dept.</b> _____	<b>Police Dept.(fingerprints)</b> _____	<b>Please Check One</b> <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> CHANGE OF BUSINESS NAME <input type="checkbox"/> HOME OCCUPATION	
<b>Building Division</b> _____	<b>Planning/Zoning</b> _____		
<b>Fire Dept.</b> _____	<b>Health Dept.</b> _____		